



BOH I.D. #

FEE \_\_\_\_\_

PWAP #

## Hingham Board of Health

### PERMIT

### FOR PRIVATE WELL ABANDONMENT

**Permit (PWAP) #**

Permission is hereby given to \_\_\_\_\_

To abandon a (potable/nonpotable) \_\_\_\_\_ Well  
(Type of Well)

Located at: \_\_\_\_\_  
\_\_\_\_\_

**This permit is subject to the requirements of the Hingham Board of Health Private Water Supply Regulations and any other special conditions required as part of this permit.**

- All abandonment work must be completed within one (1) year of the approval date.

\_\_\_\_\_  
**Approval Date**

\_\_\_\_\_  
**Executive Health Officer  
Board of Health**